



Offensive Improvement Basketball Clinic

(Boys in grades 1 & 2 – Boys and Girls in grades 3 through 8)

Bridgewater-Raritan High School Boys Basketball Coach Tim Ortelli, in cooperation with Bridgewater Recreation, will provide a music-enhanced offensive improvement skills camp. Each session will include instruction in shooting, passing, catching, dribbling, and ball handling. Scrimmage game time will also be available. Don't miss this opportunity to learn the game The Ortelli way...

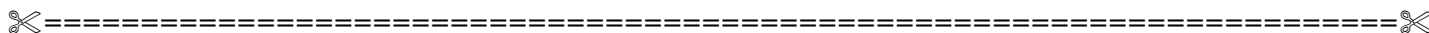
Dates and Times are as follows: **boys** in grade 1 and 2 will be taught by Tom Lembrich – Tuesdays and Thursdays starting November 9, 11, 16, 18 and 23 (make up date scheduled for November 30); 1st graders will attend from 5:45pm to 6:45pm, 2nd graders from 7:00pm to 8:00pm;

Boys and Girls grades 3 through 8 – Mondays and Wednesdays starting November 8, 10, 15 and 17 (make up date scheduled for November 22). Times are as follows; grades 3 through 5 – 5:15pm to 6:45pm, grades 6 through 8 – 7:00pm to 8:30pm. (Times and dates subject to change due to high school state tournaments)

Location is Bridgewater-Raritan High School. Cost Bridgewater Residents \$50.00, Raritan Residents \$55.00, checks made payable to "Tim Ortelli". Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday www.bridgewaternj.gov



2004 Offensive Improvement Basketball Clinic

\$50.00 Bridgewater residents \$55.00 Raritan residents checks payable to "Tim Ortelli"

Last Name: _____		First Name: _____	Circle _____
Mailing Address: _____		Gender: Male or Female	
Town: _____		Zip: _____	
Home Phone #: () _____		Parent Work #: () _____	
Parent's Cell #: () _____		Emergency Contact #: () _____	
Circle Grade _____		Name of School _____	
as of September 2004: 1 2 3 4 5 6 7 8 Attending: _____			

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

_____/_____/_____
Date

